

PLEASE COMPLETE ALL SHADED FIELDS

City of Englewood Fire Marshal's Office 3615 South Elati Street Englewood, Colorado 80113

PERMIT #:

PLAN REVIEW / PERMIT APPLICATION

DATE OF SUBMITTAL:	Application Fee	Application Fee Amount Paid		Project Valuation			
Permits are subject to Arapahoe County and	In Tax						
	ose rax						
PROJECT NAME:		PROJECT SQUA		RE FOOTAGE:			
The state of the s							
PROJECT ADDRESS (include ten	ant name, unit and/or suite	number)					
	,,						
CONTRACTOR'S COMPANY NAI	ME PHONE #:	PHONE #:		ONTACT NAME:			
CONTRACTOR'S ADDRESS: E-MAIL							
PERMIT TYPE (CHECK ONE)							
□New Building		□Fire Alarm System		Other (Describe Below)			
☐Tenant Finish		□Automatic Sprinkler System			Commercial Kitchen Hood		
□Spray Booth Scope of Work (Describe):	□ □ □ Opera	□Operational		□Special Event			
Scope of Work (Describe).							
PLEASE COMPLETE THE FO	LLOWING INFORMATI	ON (Check All That	Apply):				
Does the building contain a fire alarm system?			☐ YES	□ NO	☐ Don't Know		
Does the building contain a fire sprinkler system?			☐ YES	□ NO	☐ Don't Know		
Will hazardous materials be stored, used, and/or dispensed on site?			☐ YES	□ NO	☐ Don't Know		
Will there be storage over 10 feet in height? (*If yes, submit a copy of storage plan)			☐ YES	□ NO	☐ Don't Know		
	270						
NOTE:							
ALL OF THE ABOVE INFORMATION MUST BE COMPLETED BEFORE THIS PLAN REVIEW/PERMIT APPLICATION IS ACCEPTED BY THE ENGLEWOOD FIRE DEPARTMENT FOR PROCESSING.							
Signature	Print Name	Dot	20				